



United States Environmental Protection Agency  
Contract Laboratory Program Sample Management Office  
PO Box 818 Alexandria, VA 22313  
703-557-2490 FTS 557-2490

# Inorganic Traffic Report & Chain of Custody Record

(For Inorganic CLP Analysis)

SAS No.  
(if applicable)

Case No.

18642

1. Project Code TFA 102		Account Code		2. Region No. V		3. Sampling Co. Weston		4. Date Shipped 8/19/92		Carrier Federal Express		6. Preservative (Enter in Column D) 1. HCl 2. HNO3 3. NaOH 4. H2SO4 5. K2Cr2O7 6. Ice only 7. Other (Specify) N. Not preserved		7. Sample Description (Enter in Column A) 1. Surface Water 2. Ground Water 3. Leachate 4. Rinse 5. Soil/Sediment 6. Oil (High only) 7. Waste (High only) 8. Other (Specify)													
Regional Information				Sampler (Name) Jeff Watson				Airbill Number # 2583984200				5. Ship To American Analytical and Technical Services 1700 W. Albany, Suite A Broken Arrow, OK 74012 tel # (918) 257-0545 ATTN: Missy Sherman															
Non-Superfund Program				Sampler Signature Jeff Watson																							
Site Name Sanyo				3. Type of Activity Remedial <input checked="" type="checkbox"/> Removal <input type="checkbox"/> PRP <input type="checkbox"/> PA <input type="checkbox"/> RIFS <input type="checkbox"/> CLEM <input type="checkbox"/> ST <input type="checkbox"/> SSI <input checked="" type="checkbox"/> RA <input type="checkbox"/> REM <input type="checkbox"/> FED <input type="checkbox"/> LSI <input type="checkbox"/> O&M <input type="checkbox"/> OIL <input type="checkbox"/> NPLD <input type="checkbox"/> UST <input type="checkbox"/>																							
City, State Richmond, IN		Site Spill ID ZZ		CLP Sample Numbers (from labels)		A Enter # from Box 7		B Conc. Low Med High		C Sample Type: Comp./Grab		D Preservative from Box 6		E - RAS Analysis Metals: Total Dissolved Cyanide Low Conc. only: Nitrate/Nitrite Fluoride High only: pH Conductivity		F Regional Specific Tracking Number or Tag Numbers		G Station Location Number		H Mo/Day/Year/Time Sample Collection		I Sampler Initials		J Corresp. CLP Org. Samp. No.		K Enter Appropriate Qualifier for Designated Field QC B = Blank S = Spike D = Duplicate PE = Perform. Eval. - = Not a QC Sample	
MERP 01		5		L		C		6		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				5112909		SB01-01		8/19/92 1450		ERW01					
MERP 02										<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				5112910		SB02-01 DP		1615		ERW02		D Field of MERP 04			
MERP 03										<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				5112916		SB02-01 MSD		1500		ERW03					
MERP 04										<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				5112920		SB03-01		1615		ERW04					
MERP 05										<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				5112924		SB04-01		1645		ERW05					
<del>MERP 06</del>		<del>↓</del>		<del>↓</del>		<del>↓</del>		<del>↓</del>		<del><input checked="" type="checkbox"/></del>		<del><input checked="" type="checkbox"/></del>				<del>5112928</del>		<del>SB05-01</del>		<del>↓</del>		<del>ERW06</del>					
Shipment for Case complete? (Y/N)		Page 1 of 1		Sample used for a spike and/or duplicate MERP 03		Additional Sampler Signatures Linda Korobka		Chain of Custody Seal Number 154421, 154422																			

## CHAIN OF CUSTODY RECORD

Relinquished by: (Signature) Jeff Watson	Date / Time 8/19/92 1800	Received by: (Signature) Linda Korobka	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature) Linda Korobka	Date / Time 8/19/92 1900	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

EPA Form 9110-1 (Rev. 5-91) Replaces EPA Form (2075-6), previous edition which may be used

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Split Samples ☐ Accepted (Signature)

☐ Declined

EPA Region 5 Records Ctr.



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From (Your Name) Please Print Linda KOFORSA		Your Phone Number (Very Important) (708) 918-4000	
To (Recipient's Name) Please Print Missy Skermer		Recipient's Phone Number (Very Important) (718) 251-0545	
Company RDY F WESTON INC		Department/Floor No.	
Street Address THREE HAWTHORN PKWY STE 400		Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.) 1700 W Highway, Suite A	
City VERNON HILLS		State IL	
ZIP Required 60061		City Buckin Grove	
State OK		ZIP Required 74012	
YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice.) 0710450045223030			
IF HOLD FOR PICK-UP, Print FEDEX Address Here Street Address City State ZIP Required			
PAYMENT 1 <input type="checkbox"/> Bill Sender 2 <input type="checkbox"/> Bill Recipient's FedEx Acct. No. 3 <input type="checkbox"/> Bill 3rd Party FedEx Acct. No. 4 <input type="checkbox"/> Bill Credit Card 5 <input type="checkbox"/> Cash/Check Acct./Credit Card No. Exp. Date			
4 SERVICES (Check only one box)		5 DELIVERY AND SPECIAL HANDLING (Check services required)	
Priority Overnight (Delivery by next business morning) 11 <input checked="" type="checkbox"/> YOUR PACKAGING 16 <input type="checkbox"/> FEDEX LETTER* 12 <input type="checkbox"/> FEDEX PAK* 13 <input type="checkbox"/> FEDEX BOX 14 <input type="checkbox"/> FEDEX TUBE		Standard Overnight (Delivery by next business afternoon. No Saturday delivery) 51 <input type="checkbox"/> YOUR PACKAGING 56 <input type="checkbox"/> FEDEX LETTER* 52 <input type="checkbox"/> FEDEX PAK* 53 <input type="checkbox"/> FEDEX BOX 54 <input type="checkbox"/> FEDEX TUBE	
Economy Two-Day (Delivery by second business day) 30 <input type="checkbox"/> ECONOMY		Government Overnight (Restricted for authorized users only) 46 <input type="checkbox"/> GOVT LETTER 41 <input type="checkbox"/> GOVT PACKAGE	
Freight Service (for packages over 150 lbs.) 70 <input type="checkbox"/> OVERNIGHT FREIGHT** (Confirmed reservation required) 80 <input type="checkbox"/> TWO-DAY FREIGHT**		1 <input type="checkbox"/> HOLD FOR PICK-UP (Fill in Box H) 2 <input checked="" type="checkbox"/> DELIVER WEEKDAY 3 <input type="checkbox"/> DELIVER SATURDAY (Extra charge) (Not available to all locations) 4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge) 5 <input type="checkbox"/> 6 <input type="checkbox"/> DRY ICE _____ Lbs. 7 <input type="checkbox"/> OTHER SPECIAL SERVICE 8 <input type="checkbox"/> 9 <input type="checkbox"/> SATURDAY PICK-UP (Extra charge) 10 <input type="checkbox"/> 12 <input type="checkbox"/> HOLIDAY DELIVERY (If offered) (Extra charge)	
Total		Total	
143		143	
DIM SHIPMENT (Chargeable Weight)		L x W x H	
1 x 1 x 1		L x W x H	
Received At		1 <input type="checkbox"/> Regular Stop 3 <input type="checkbox"/> Drop Box	
2 <input type="checkbox"/> On-Call Stop		4 <input type="checkbox"/> B.S.C. 5 <input type="checkbox"/> Station	
SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY Use of this airbill constitutes your agreement to the service conditions in our current Service Guide, available upon request. See back of sender's copy of this airbill for information. Service conditions may vary for Government Overnight Service. See U.S. Government Service Guide for details. We will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, and document your actual loss for a timely claim. Limitations found in the current Federal Express Service Guide apply. Your right to recover from Federal Express for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the declared value specified to the left. Recovery cannot exceed actual documented loss. The maximum Declared Value for FedEx Letter and FedEx Pak packages is \$500.00. In the event of untimely delivery, Federal Express will at your request and with some limitations refund all transportation charges paid. See Service Guide for further information.			
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REVISION DATE 2/92 PART #137204 FORMAT #126 126			
Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom. Release Signature: _____			

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<div style="display: inline-block; vertical-align: middle; text-align: center;"> <b>United States Environmental Protection Agency</b>          Contract Laboratory Program Sample Management Office          PO Box 818 Alexandria, VA 22313          703-557-2490 FTS 557-2490       </div>		<b>Organic Traffic Report &amp; Chain of Custody Record</b> (For Organic CLP Analysis)			SAS No. (If applicable)	Case No.  <div style="font-size: 1.2em;">18642</div>			
		1. Project Code <div style="font-size: 1.1em;">TFA 102</div>		Account Code		2. Region No. Sampling Co. <div style="font-size: 1.1em;">V Weston</div>		4. Date Shipped Carrier <div style="font-size: 1.1em;">8/19/92 Federal Express</div>	
Regional Information				Sampler (Name) <div style="font-size: 1.1em;">Jeff Watson</div>		Airbill Number <div style="font-size: 1.1em;"># 2583984222</div>		6. Preservative (Enter in Column D)  1. HCl 2. HNO3 3. NaHSO4 4. H2SO4 5. Other (Specify) 6. Ice only N. Not preserved	
Non-Superfund Program				Sampler Signature <div style="font-size: 1.1em;">Jeff Watson</div>		5. Ship To <div style="font-size: 1.1em;">Western Research Institute 365 N. 9th St. Laramie, Wyoming 82071 tel # (307) 721-2243 ATTN: Steve Salmons</div>			
Site Name <div style="font-size: 1.1em;">Sanyo</div>				3. Type of Activity <div style="font-size: 0.8em;"> <input type="checkbox"/> Remedial <input type="checkbox"/> RIFS <input type="checkbox"/> CLEM  <input type="checkbox"/> SF <input type="checkbox"/> Remedial RD <input type="checkbox"/> REMA  <input type="checkbox"/> PRP <input type="checkbox"/> PA <input type="checkbox"/> RA <input type="checkbox"/> REM  <input type="checkbox"/> ST <input type="checkbox"/> SS <input checked="" type="checkbox"/> O&amp;M <input type="checkbox"/> OIL  <input type="checkbox"/> FED <input type="checkbox"/> LSI <input type="checkbox"/> NPLD <input type="checkbox"/> UST         </div>					
City, State <div style="font-size: 1.1em;">Richmond, IN</div>		Site Spill ID <div style="font-size: 1.1em;">ZZ</div>							

CLP Sample Numbers (from labels)	A Enter # from Box 7	B Conc. Low Med High	C Sample Type: Comp/Grab	D Preservative from Box 6	E RAS Analysis				F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Inorg. Samp. No.	K Enter Appropriate Qualifier for Designated Field QC <small>B = Blank S = Spike D = Duplicate PE = Perform. Eval. Not a QC Sample</small>
					VOA	BNA	Pest/PCB	High only ARO/TOX						
ERW01	5	L	G	6	X				5-11290(3),(4)	SB01-01	8/19/92 1450		MERP01	
↓	↓	↓	C	↓	X	X	X		5112913	↓	↓		↓	
ERW02	↓	↓	G	↓	X	X	X		511290(1),(2)	SB01-01 DP	1615		MERP02	D Fla dup of ERW01
↓	↓	↓	C	↓	X	X	X		5112914	↓	↓		↓	
ERW03	↓	↓	G	↓	X	X	X		511291(1),(2)	SB02-01 MSD	1500		MERP03	
↓	↓	↓	C	↓	X	X	X		5112915	↓	↓		↓	
ERW04	↓	↓	G	↓	X	X	X		511291(7),(8)	SB03-01	1615		MERP04	
↓	↓	↓	C	↓	X	X	X		5112919	↓	↓		↓	
ERW05	↓	↓	G	↓	X	X	X		5112920(2)	SB04-01	1645		MERP05	
↓	↓	↓	C	↓	X	X	X		5112923	↓	↓		↓	

Shipment for Case complete? <input checked="" type="checkbox"/> (Y/N)	Page 1 of <div style="font-size: 1.1em;">2</div> <div style="font-size: 0.8em;">LK</div>	Sample used for a spike and/or duplicate <div style="font-size: 1.1em;">ERW03</div>	Additional Sampler Signatures <div style="font-size: 1.1em;">Linda Korobka</div>	Chain of Custody Seal Number <div style="font-size: 1.1em;">154409; 154410</div>
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#### CHAIN OF CUSTODY RECORD

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
<div style="font-size: 1.1em;">Jeff Watson</div>	<div style="font-size: 1.1em;">8/19/92 1800</div>	<div style="font-size: 1.1em;">Linda Korobka</div>			
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
<div style="font-size: 1.1em;">Linda Korobka</div>	<div style="font-size: 1.1em;">8/19/92 1900</div>				
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

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SENDER'S FEDERAL EXPRESS ACCOUNT NUMBER 2164M 0606-4537-0		Date 8/19/92	
From (Your Name) Please Print Linda Kucera		Your Phone Number (Very Important) (708) 918-4000	
To (Recipient's Name) Please Print Steve Salmons		Recipient's Phone Number (Very Important) (307) 722-2543	
Company ROY F WESTON INC		Department/Floor No. Western Research Institute	
Street Address THREE HAWTHORN PKWY STE 400		Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.) 365 N 9th St	
City VERNON HILLS IL		State IL	
ZIP Required 60061		City Taramie WY	
State IL		State WY	
ZIP Required 82071		ZIP Required 82071	
YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice.) 0710450045 225030			
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5 <input type="checkbox"/> Cash/Check Acct./Credit Card No. Exp. Date		City State ZIP Required	
4 SERVICES (Check only one box)		5 DELIVERY AND SPECIAL HANDLING (Check services required)	
Priority Overnight (Delivery by next business morning) 11 <input type="checkbox"/> YOUR PACKAGING 16 <input type="checkbox"/> FEDEX LETTER* 12 <input type="checkbox"/> FEDEX PAK* 13 <input type="checkbox"/> FEDEX BOX 14 <input type="checkbox"/> FEDEX TUBE Economy Two-Day (Delivery by second business day) 30 <input type="checkbox"/> ECONOMY Freight Service (for packages over 150 lbs.) 70 <input type="checkbox"/> OVERNIGHT FREIGHT** 80 <input type="checkbox"/> TWO-DAY FREIGHT**		Standard Overnight (Delivery by next business afternoon, no Saturday delivery) 51 <input type="checkbox"/> YOUR PACKAGING 56 <input type="checkbox"/> FEDEX LETTER* 52 <input type="checkbox"/> FEDEX PAK* 53 <input type="checkbox"/> FEDEX BOX 54 <input type="checkbox"/> FEDEX TUBE Government Overnight (Restricted for authorized users only) 46 <input type="checkbox"/> GOVT LETTER 41 <input type="checkbox"/> GOVT PACKAGE 1 <input type="checkbox"/> HOLD FOR PICK-UP (Fill in Box H) 2 <input checked="" type="checkbox"/> DELIVER WEEKDAY 3 <input type="checkbox"/> DELIVER SATURDAY (Extra charge) (Not available to all locations) 4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge) 5 <input type="checkbox"/> 6 <input type="checkbox"/> DRY ICE Lbs. 7 <input type="checkbox"/> OTHER SPECIAL SERVICE 8 <input type="checkbox"/> 9 <input type="checkbox"/> SATURDAY PICK-UP (Extra charge) 10 <input type="checkbox"/> 12 <input type="checkbox"/> HOLIDAY DELIVERY (If offered) (Extra charge)	
Total		Total	
Total		Total	
DIM SHIPMENT (Chargeable Weight)		L x W x H	
Received At		1 <input type="checkbox"/> Regular Stop 3 <input type="checkbox"/> Drop Box	
2 <input type="checkbox"/> On-Call Stop		4 <input type="checkbox"/> B.S.C. Station	
Release Signature:		7	

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FORMAT #126

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Contract Laboratory Program Sample Management Office  
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703-557-2490 FTS 557-2490

# Organic Traffic Report & Chain of Custody Record

(For Organic CLP Analysis)

SAS No.  
(if applicable)

Case No.

18642

1. Project Code <b>TFA 102</b>	Account Code	2. Region No. <b>V</b>	Sampling Co. <b>Weston</b>	4. Date Shipped <b>8/19/92</b>	Carrier <b>Federal Express</b>	6. Preservative (Enter in Column D)	7. Sample Description (Enter in Column A)
Regional Information		Sampler (Name) <b>Jeff Watson</b>		Airbill Number <b># 2583983975</b>		1. HCl 2. HNO3 3. NaHSO4 4. H2SO4 5. Other (SAS) (Specify) 6. Ice only N. Not preserved	1. Surface Water 2. Ground Water 3. Leachate 4. Rinsate 5. Soil/Sediment 6. Oil (SAS) 7. Waste (SAS) 8. Other (SAS) (Specify)
Non-Superfund Program		Sampler Signature <i>[Signature]</i>		5. Ship To <b>Western Research Institute</b>			
Site Name <b>Sanyo</b>		3. Type of Activity SF <input type="checkbox"/> Remedial PRP <input type="checkbox"/> PA <input type="checkbox"/> RA <input type="checkbox"/> O&M <input type="checkbox"/> NPLD <input type="checkbox"/> LSI <input checked="" type="checkbox"/> Removal CLEM <input type="checkbox"/> REMA <input type="checkbox"/> REM <input type="checkbox"/> OIL <input type="checkbox"/> UST <input type="checkbox"/>		365 N. 9th St. <b>Laramie, Wyoming 82071</b> tel # (307) 721-2243 Attn: Steve Salmons			
City, State <b>Richmond, IN</b>		Site Spill ID <b>ZZ</b>					

CLP Sample Numbers (from labels)	A Enter # from Box 7	B Conc. Low Med High	C Sample Type: Comp./ Grab	D Preservative from Box 6	E RAS Analysis				F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Inorg. Samp. No.	K Designated Field QC
					VOA	BNA	Pest/PCB	High ARO/TOX						
ERW 11	1	L	G	1	<input checked="" type="checkbox"/>				51129(45),(46)	PWTB-01	8/18/92 1600			Trip BIK-B
ERW 12	1		G	1	<input checked="" type="checkbox"/>				51129(47)-(52)	SW01-01 MSD			MEEP 11	
↓			C	6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		51129(53)-(56)	↓	↓		↓	
ERW 13			G	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		51129(61),(62)	SW02-01	1515		MEEP 12	
↓			C	6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		51129(63),(64)	↓	↓		↓	
ERW 14			G	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		51129(67),(68)	SW02-01 FB			MEEP 13	Field BIK-B
↓			C	6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		51129(69),(70)	↓	↓		↓	
ERW 15			G	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		51129(73),(74)	SW03-01	1445		MEEP 14	
↓			C	6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		51129(75),(76)	↓	↓		↓	
ERW 16	1	L	G	1	<input checked="" type="checkbox"/>				51129(79),(80)	SW03-01 OP	8/18/92 1445		MEEP 15	Field Dup of ERW 15-D
Shipment for Case complete? (Y/N) <b>(N)</b>		Page 1 of <b>2</b>		Sample used for a spike and/or duplicate <b>ERW 12</b>				Additional Sampler Signatures <b>Linda Korobka</b>		Chain of Custody Seal Number <b>154407; 154408</b>				

## CHAIN OF CUSTODY RECORD

Relinquished by: (Signature) <i>[Signature]</i>	Date / Time <b>8/19/92 0800</b>	Received by: (Signature) <b>Linda Korobka</b>	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature) <i>[Signature]</i>	Date / Time <b>8/19/92 1000</b>	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Received by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

EPA Form 9110-2 (Rev. 5-91) Replaces EPA Form (2075-7), previous edition which may be used

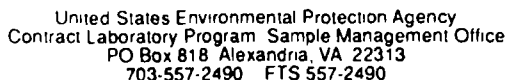
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Blue - Region Copy Pink - SMO Copy White - Lab Copy Yellow - Lab Copy for Return to SMO

Split Samples ☐ Accepted (Signature)

☐ Declined

0018943



SAS No.  
(if applicable)

Case No.

18642

1. Project Code TFA 102		Account Code		2. Region No. II		Sampling Co. Weston		4. Date Shipped 8/19/92		Carrier Federal Express		6. Preservative (Enter in Column D)		7. Sample Description (Enter in Column A)	
Regional Information				Sampler (Name) Jeff Watson				Airbill Number # 2583983975				1. HCl 2. HNO3 3. NaHSO4 4. H2SO4 5. Other (SAS) (Specify) 6. Ice only N. Not preserved		1. Surface Water 2. Ground Water 3. Leachate 4. Rinsate 5. Soil/Sediment 6. Oil (SAS) 7. Waste (SAS) 8. Other (SAS) (Specify)	
Non-Superfund Program				Sampler Signature <i>Jeff Watson</i>				5. Ship To Western Research Institute 365 N. 9th St. Laramie, Wyoming 82071 tel # (307) 721-2243 Attn: Steve Salmons							
Site Name Sanyo				3. Type of Activity											
City, State Richmond, IN				Site Spill ID ZZ											

[illegible]

Shipment for Case complete? (Y/N) <u>(N)</u>	Page <u>4</u> of <u>2</u> <u>2</u> LK	Sample used for a spike and/or duplicate	Additional Sampler Signatures <i>Linda Korobka</i>	Chain of Custody Seal Number <u>154407</u> ; <u>154408</u> <i>12</i> ; <i>11</i>
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### CHAIN OF CUSTODY RECORD

Relinquished by: (Signature) <i>J. [Signature]</i>	Date / Time 8/19/92 0800	Received by: (Signature) <i>Linda Korobka</i>	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature) <i>Linda Korobka</i>	Date / Time 8/19/92 1000	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Received by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

EPA Form 9110-2 (Rev. 5-91) Replaces EPA Form (2075-7), previous edition which may be used

**DISTRIBUTION:**

Blue - Region Copy    Pink - SMO Copy    White - Lab Copy    Yellow - Lab Copy for Return to SMO

Split Samples ☐ Accepted (Signature)

☐ Declined

0018942

Ques:





**FEDERAL**

**MULTIPLE PACKAGE  
SHIPMENT LABELS**

SHIPMENT DATE	
MASTER AIRBILL NUMBER	

2 OF 2 5526939004

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OF 5526939022

DESCRIPTION \_\_\_\_\_

OF 5526939031

DESCRIPTION \_\_\_\_\_

OF 5526939047

DESCRIPTION \_\_\_\_\_



<b>EPA</b> United States Environmental Protection Agency Contract Laboratory Program Sample Management Office PO Box 818 Alexandria, VA 22313 703-557-2490 FTS 557-2490		<b>Inorganic Traffic Report &amp; Chain of Custody Record</b> (For Inorganic CLP Analysis)				SAS No. (if applicable)	Case No. <div style="font-size: 1.2em; font-weight: bold;">18642</div>				
		1. Project Code <div style="font-size: 1.2em;">TFA 102</div>		Account Code		2. Region No. <div style="font-size: 1.2em;">V</div>		Sampling Co. <div style="font-size: 1.2em;">WESTON</div>		4. Date Shipped <div style="font-size: 1.2em;">8/19/92</div>	
Regional Information				Sampler (Name) <div style="font-size: 1.2em;">Jeff Watson</div>				Airbill Number <div style="font-size: 1.2em;">#2583983990</div>			
Non-Superfund Program				Sampler Signature <div style="font-size: 1.2em;">Jeff V. Watson</div>				5. Ship To <div style="font-size: 1.2em;">Chester Labnet - Keystone Lab Monroeville 3000 Tech Center Drive Monroeville, PA 15146 tel # (412) 825-9833 ATTN: Mary Anna Babich</div>			
Site Name <div style="font-size: 1.2em;">Sanyo</div>				3. Type of Activity <div style="display: flex; justify-content: space-between;"> <div>           Remedial  <input type="checkbox"/> SF  <input type="checkbox"/> PRP  <input type="checkbox"/> ST  <input type="checkbox"/> FED         </div> <div>           Pr  <input type="checkbox"/> PA  <input checked="" type="checkbox"/> SSI  <input type="checkbox"/> LSI         </div> <div>           RIFS  <input type="checkbox"/> RD  <input type="checkbox"/> RA  <input type="checkbox"/> O&amp;M  <input type="checkbox"/> NPLD         </div> <div>           Removal  <input type="checkbox"/> CLEM  <input type="checkbox"/> REMA  <input type="checkbox"/> REM  <input type="checkbox"/> OIL  <input type="checkbox"/> UST         </div> </div>							
City, State <div style="font-size: 1.2em;">Richmond, IN</div>		Site Spill ID <div style="font-size: 1.2em;">ZZ</div>									

CLP Sample Numbers (from labels)	A Enter # from Box 7	B Conc. Low Med High	C Sample Type: Comp/Grab	D Preservative from Box 6	E - RAS Analysis								F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Org. Samp. No.	K Enter Appropriate Qualifier for Designated Field QC <small>B = Blank S = Spike D = Duplicate PE = Perform. Eval. — = Not a QC Sample</small>
					Metals		Low Conc. only		High only									
					Total	Dissolved	Cyanide	Nitrate/Nitrite	Fluoride	pH	Conductivity							
MERP 16	2	L	C	2	X							51129(97), (98)	GWΦ1-Φ1 MSD	8/18/92 1350		ERW 18		
↓				3		X						511(2999), (3000)	↓			↓		
MERP 17				2	X							5113505	GWΦ1-Φ1 FB			ERW 19	Field BIK-B	
↓				3		X						5113506	↓			↓		
MERP 18				2	X							5113511	GWΦ2-Φ1	925		ERW 20		
↓				3		X						5113512	↓			↓		
MERP 19				2	X							5113517	GWΦ2-Φ1 FO			ERW 21	Field Dup of MERP 18-D	
↓	↓			3		X						5113518	↓	↓		↓		
MERP 07	5			6	X	X						5112932	SDΦ1-Φ1	8/18/92 1600		ERW 07		
MERP 08	↓	↓	↓	6	X	X						5112936	SDΦ1-Φ1 DP	↓	↓	ERW 08	Field Dup of MERP 07	

Shipment for Case complete? <input checked="" type="checkbox"/> (N)		Page 1 of <div style="font-size: 1.2em;">2</div>		Sample used for a spike and/or duplicate <div style="font-size: 1.2em;">MERP 16</div>		Additional Sampler Signatures <div style="font-size: 1.2em;">Linda Korobka</div>		Chain of Custody Seal Number <div style="font-size: 1.2em;">154411; 154412</div>	
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#### CHAIN OF CUSTODY RECORD

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
<div style="font-size: 1.2em;">Jeff V. Watson</div>	<div style="font-size: 1.2em;">8/19/92 0800</div>	<div style="font-size: 1.2em;">Linda Korobka</div>			
<div style="font-size: 1.2em;">Linda Korobka</div>	<div style="font-size: 1.2em;">8/19/92 1030</div>				
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	Is custody seal intact? Y/N/none

EPA Form 9110-1 (Rev. 5-91) Replaces EPA Form (2075-6), previous edition which may be used

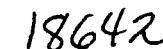
#### DISTRIBUTION:

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Split Samples ☐ Accepted (Signature)  
☐ Declined

SEE REVERSE FOR ADDITIONAL STANDARD INSTRUCTIONS

1034533



Federal Express

7. Sample Description  
(Enter in Column A)

1. HCl  
2. HNO<sub>3</sub>  
3. NaOH  
4. H<sub>2</sub>SO<sub>4</sub>  
5. K<sub>2</sub>Cr<sub>2</sub>O<sub>7</sub>  
6. Ice only  
7. Other  
(Specify)  
N. Not preserved

1. Surface Water  
2. Ground Water  
3. Leachate  
4. Rinstate  
5. Soil/Sediment  
6. Oil (High only)  
7. Waste (High only)  
8. Other  
(Specify)

ATTN: Mary Anna Babich

**K**  
**Enter Appropriate Qualifier**  
**for Designated Field QC**

**B = Blank S = Spike**  
**D = Duplicate**  
**DE = Bottom Evt**

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Chain of Custody Seal Number  
15-00000000000000000000000000000000

Received by: (Signature)

Received by: (Signature)

Is custody seal intact? Y/N/none

☐ Declined

034534

**Page 4**



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AIRBILL  
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2583783790

2583783790

SENDER'S FEDERAL EXPRESS ACCOUNT NUMBER

Date

0606-4537-0

8/19/92

SENDER'S COPY

From (Your Name) Please Print

Your Phone Number (Very Important)

To (Recipient's Name) Please Print

Recipient's Phone Number (Very Important)

Linda KROBKA

(708)-918-4000

Mary Anna Babich

(412) 825-9833

Company

Department/Floor No.

Company

Department/Floor No.

ROY F WESTON INC

Chester Labnet Ky-tone Lab Monroeville

Street Address

Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.)

THREE HAWTHORN PKWY STE 400

3000 Tech Center Drive

City

State

ZIP Required

City

State

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VERNON HILLS

IL

60061

Monroeville, PA

15146

15146

YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice.)

IF HOLD FOR PICK-UP, Print FEDEX Address Here

0710450045225030

Street Address

PAYMENT

1 ☒ Bill Sender

2 ☐ Bill Recipient's FedEx Acct. No.

3 ☐ Bill 3rd Party FedEx Acct. No.

4 ☐ Bill Credit Card

City

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5 ☐ Cash/Check

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<b>United States Environmental Protection Agency</b> Contract Laboratory Program Sample Management Office PO Box 818 Alexandria, VA 22313 703-557-2490 FTS 557-2490				<b>Inorganic Traffic Report &amp; Chain of Custody Record</b> (For Inorganic CLP Analysis)				SAS No. (if applicable)		Case No. <div style="font-size: 1.2em; font-weight: bold;">18642</div>						
1. Project Code <b>TFA 102</b>		Account Code		2. Region No. <b>V</b>		Sampling Co. <b>Weston</b>		4. Date Shipped <b>8/19/92</b>		Carrier <b>Federal Express</b>						
Regional Information				3. Sampler (Name) <b>Jeff Watson</b>				Airbill Number <b># 2583983964</b>								
Non-Superfund Program				3. Type of Activity				5. Ship To								
Site Name <b>Sanyo</b>				Remedial Removal <input type="checkbox"/> RIFS <input type="checkbox"/> CLEM <input type="checkbox"/> RD <input type="checkbox"/> REMA <input type="checkbox"/> RA <input type="checkbox"/> REM <input type="checkbox"/> O&M <input type="checkbox"/> OIL <input type="checkbox"/> NPLD <input type="checkbox"/> UST				<b>American Analytical &amp; Technical Services</b> <b>1700 W. Albany, Suite A</b> <b>Broken Arrow, OK 74012</b> <b>tel # (918) 251-0545</b> <b>ATTN: Missy Sherman</b>								
												PRP <input type="checkbox"/> PA <input type="checkbox"/> ST <input type="checkbox"/> FED <input type="checkbox"/> LSI <input type="checkbox"/>				
City, State <b>Richmond, IN</b>		Site Spill ID <b>ZZ</b>														
CLP Sample Numbers (from labels)		A Enter # from Box 7	B Conc. Low Med High	C Sample Type: Comp./Grab	D Preservative from Box 6	E - RAS Analysis				F Regional Specific Tracking Number or Tag Numbers	G Station Location Number	H Mo/Day/Year/Time Sample Collection	I Sampler Initials	J Corresp. CLP Org. Samp. No.	K Enter Appropriate Qualifier for Designated Field QC	
<b>MEEP 11</b>		<b>1</b>	<b>L</b>	<b>C</b>	<b>2</b>					<b>51129(57),(58)</b>	<b>SW01-01 MSD</b>	<b>8/18/92 1600</b>	<b>ERW 12</b>			
↓					<b>3</b>					<b>51129(59),(60)</b>	↓	↓		↓		
<b>MEEP 12</b>					<b>2</b>					<b>5112965</b>	<b>SW02-01</b>	<b>1515</b>	<b>ERW 13</b>			
↓					<b>3</b>					<b>5112966</b>	↓	↓		↓		
<b>MEEP 13</b>					<b>2</b>					<b>5112971</b>	<b>SW02-01 FB</b>		<b>ERW 14</b>	<b>Field B/K-B</b>		
↓					<b>3</b>					<b>5112972</b>	↓	↓		↓		
<b>MEEP 14</b>					<b>2</b>					<b>5112978</b>	<b>SW03-01</b>	<b>1445</b>	<b>ERW 15</b>			
↓					<b>3</b>					<b>5112977</b>	↓	↓		↓		
<b>MEEP 15</b>					<b>2</b>					<b>5112983</b>	<b>SW03-01 DP</b>		<b>ERW 16</b>	<b>Field Dup of MEEP 14-D</b>		
↓		↓	↓	↓	<b>3</b>					<b>5112984</b>	↓	↓	↓	↓		
Shipment for Case complete? (Y/N)		Page 1 of <b>1</b>		Sample used for a spike and/or duplicate <b>MEEP 11</b>				Additional Sampler Signatures <b>Linda Korobka</b>				Chain of Custody Seal Number <b>154405; 154406</b>				

#### CHAIN OF CUSTODY RECORD

Relinquished by: (Signature) <b>Jeffrey V. Watson</b>		Date / Time <b>8/18/92 2000</b>		Received by: (Signature) <b>Linda Korobka</b>		Relinquished by: (Signature)		Date / Time		Received by: (Signature)	
Relinquished by: (Signature) <b>Linda Korobka</b>		Date / Time <b>8/19/92 1000</b>		Received by: (Signature)		Relinquished by: (Signature)		Date / Time		Received by: (Signature)	
Relinquished by: (Signature)		Date / Time		Received for Laboratory by: (Signature)		Date / Time		Remarks		Is custody seal intact? Y/N/none	

EPA Form 9110-1 (Rev. 5-91) Replaces EPA Form (2075-6), previous edition which may be used

#### DISTRIBUTION:

Green - Region Copy    Pink - SMO Copy    White - Lab Copy for return to Region    Yellow - Lab Copy for Return to SMO

Split Samples ☐ Accepted (Signature)

☐ Declined

SEE REVERSE FOR ADDITIONAL STANDARD INSTRUCTIONS

1034535



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2583983964

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SENDER'S COPY  
DROP OFF YOUR PACKAGE AND SAVE

SENDER'S FEDERAL EXPRESS ACCOUNT NUMBER

Date

0606-4537-0

8/9/92

From (Your Name) Please Print

Your Phone Number (Very Important)

To (Recipient's Name) Please Print

Recipient's Phone Number (Very Important)

Linda Kucobek A

(708) 918-4000

Missy Sherman

(918) 251-0545

Company

Department/Floor No.

Company

Department/Floor No.

ROY F WESTON INC

American Analytical & Technical Services

Street Address

Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.)

THREE HAWTHORN PKWY STE 400

1700 W. Albany, Suite A

City

State

ZIP Required

City

State

ZIP Required

VERNON HILLS

IL

60061

Brockton, MA

01902

YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice.)

IF HOLD FOR PICK-UP, Print FEDEX Address Here

0710450045005030

Street Address

PAYMENT

1

Bill Sender

2

Bill Recipient's FedEx Acct. No.

3

Bill 3rd Party FedEx Acct. No.

4

Bill Credit Card

5

Cash/Check

Acct./Credit Card No.

Exp. Date

City

State

ZIP Required

SERVICES  
(Check only one box)

DELIVERY AND SPECIAL HANDLING  
(Check services required)

PACKAGES

WEIGHT  
In Pounds  
Only

YOUR DECLARED  
VALUE  
(See right)

SERVICE CONDITIONS, DECLARED VALUE  
AND LIMIT OF LIABILITY

Federal Express Use

Priority Overnight  
(Delivery by next business morning)

Standard Overnight  
(Delivery by next business afternoon.  
No Saturday delivery)

11 ☐ YOUR  
PACKAGING

51 ☐ YOUR  
PACKAGING

16 ☐ FEDEX LETTER\*

56 ☐ FEDEX LETTER\*

12 ☐ FEDEX PAK\*

52 ☐ FEDEX PAK\*

13 ☐ FEDEX BOX

53 ☐ FEDEX BOX

14 ☐ FEDEX TUBE

54 ☐ FEDEX TUBE

Economy Two-Day  
(Delivery by second business day)

Government Overnight  
(Restricted for authorized users only)

30 ☐ ECONOMY

46 ☐ GOVT  
LETTER

41 ☐ GOVT  
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41 ☐ GOVT  
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Freight Service  
(for packages over 150 lbs.)

70 ☐ OVERNIGHT  
FREIGHT\*\*

80 ☐ TWO-DAY  
FREIGHT\*\*

80 ☐ TWO-DAY  
FREIGHT\*\*

\*Declared Value Limit \$500.  
\*\*Call for delivery schedule.

\*Declared Value Limit \$500.  
\*\*Call for delivery schedule.

1 ☐ HOLD FOR PICK-UP (Fill in Box H)

2 ☒ DELIVER WEEKDAY

3 ☐ DELIVER SATURDAY (Extra charge)

4 ☐ DANGEROUS GOODS (Extra charge)

5 ☐

6 ☐ DRY ICE Lbs.

7 ☐ OTHER SPECIAL SERVICE

8 ☐

9 ☐ SATURDAY PICK-UP  
(Extra charge)

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12 ☐ HOLIDAY DELIVERY (If offered)  
(Extra charge)

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